This form can be used to join Suffolk County Council’s List of Providers.

This will mean you will be able to offer funded early education entitlement to all 3 & 4 year olds and eligible 2 year olds.

**This form must be completed electronically and submitted via email to** [**childcare.planning@suffolk.gov.uk**](mailto:childcare.planning@suffolk.gov.uk)**. \*\*Handwritten forms cannot be accepted.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1:** | | | | | **Select to agree** | |
| **I would like to join Suffolk County Council’s List of Providers.** | | | | |  | |
| I confirm that I have read the **Suffolk Agreement for List of Provider Members** and **Suffolk Agreement List of Provider Sections** (found at the link below)  <https://www.suffolklearning.co.uk/early-years/list-of-providers/list-of-providers-suffolk-agreement-> | | | | |  | |
| **I confirm that I understand and agree to all the requirements of being a member of Suffolk County Council’s List of Providers.** | | | | |  | |
| **I agree to supply my bank details separately on business letter headed paper.**  Guidance can be found at the link below:  <https://www.suffolklearning.co.uk/early-years/list-of-providers/become-an-lop-> | | | | |  | |
| **DECLARATION –I am authorised to make this request on behalf of my organisation. I understand that my email will act as evidence of application date and electronic signature once I have submitted this form.** | | | | | | |
| **Applicant/Certifiers Full Name:** |  | | | | | |
| **Applicant/Certifiers Job Title:** |  | | | | | |
| **Ofsted Registered Name of Childcare Provision:** |  | | | | | |
| **Application Date:** |  | | | | | |
|  | | | | | | |
| **SECTION 2: OFSTED REGISTERED CHILDCARE PROVIDER DETAILS**  **(Complete in full)** | | | | | |
| **Address of Childcare Provider:** | |  | | | |
| **Contact Telephone Number:** | |  | | | |
| **Contact Email Address:** | |  | | | |
| **Ofsted Unique Reference Number (URN):** | |  | | | |
| **Judgement of most recent Ofsted Inspection:** | |  | **Date of most recent Ofsted Inspection:** |  | |

**BELOW IS FOR SUFFOLK COUNTY COUNCIL OFFICE USE ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FAMILY INFORMATION SERVICE USE ONLY** | | | | | | | | | |
| **FIS Operator Initials:** |  | | | **Date Form Received:** | | | | |  |
| **InfoLink Contact ID:** |  | | | | | | | | |
| **Cluster:** |  | | | | | | | | |
|  | | | | | | | | | |
| **EARLY YEARS AND CHILDCARE CLUSTER USE ONLY** | | | | | | | | | |
| **Staff Allocated To:** | |  | | | | **Date Allocated:** | | |  |
| **Initial Phone Call Made By:** | |  | | | | **Date of Call:** | | |  |
| **Outcome of First Call:** | | | | | | | | | |
|  | | | | | | | | | |
| **Initial Pre-LoP Joining Visit Booked:** | | | | |  | | **Date of Visit:** |  | |
| **Outcome of Visit:** | | | | | | | | | |
| **Please tick to confirm the below has been discussed with the provider and that they understand:**  Suffolk Agreement for LoP members and sections  Process for claiming early education funding is via an online portal  Importance of security of children’s information and not sharing login in details  Information/communication will be made available online and electronically  Any other information to be recorded. | | | | | | | | | |
| **LOP APPLICATION STATUS - Complete one of the following:** | | | | | | | | | |
| **JOINING NEXT TERM (Normal procedure)** | | | | | Add term and year | | | | |
| **JOINING THIS TERM (Exceptional circumstance)** | | | | | Add term and year | | | | |
| **NOT JOINING** | | | | | Add date | | | | |
|  | | | | | | | | | |
| **EYCS FINANCE USE ONLY (date and initial to confirm)** | | | | | | | | | |
| **Dated Joined to LoP:** | |  | | | **LoP Number:** | | | |  |
|  | | | | | | | | | |
| **FAMILY INFORMATION SERVICE ONLY (date and initial to confirm)** | | | | | | | | | |
| **OO Funding Flash Added:** | | |  | | **OO LoP No Added:** | | | |  |
| **OO Funding ticks added:** | | |  | | **Added to PSG:** | | | |  |
| **OO User manager tags added** | | |  | | **OO Add admin note to record all changes:** | | | |  |